

SECTION 15.60: BLOODBORNE PATHOGENS

Last Updated: 11/03

The Occupational Exposure to Bloodborne Pathogens standard (CFR 1910.1030) was developed as a response to concerns within the health care industry and an acknowledgement by OSHA that occupational exposures to bloodborne pathogens pose a significant health risk to employees in a number of occupational settings. The bloodborne pathogen standard reaffirms and finalizes the previous regulatory strategies on Hepatitis B Virus/Human Immunodeficiency Virus Policy and Procedures published by the Iowa Workforce Development, Labor Services Division and a cooperative effort of the Department of Public Health and Iowa Department of Administrative Services – Human Resources Enterprise previously issued November 1, 1989. In the final standard, OSHA reasserts that the risk of bloodborne pathogens in exposed workers can be minimized or eliminated by the following methods:

- Engineering controls
- Work practice controls
- Personal protective equipment
- Training
- Medical surveillance
- Hepatitis B vaccination
- Signs and labels

While the standard was developed in response to risks within the health care industry, it also covers any employee who has occupational exposure to blood or other infectious material. Not all health care workers would necessarily be exposed, and some non-health care workers might be exposed.

Determination of Exposure

Without consideration to protective equipment such as gloves or goggles, employers are required to identify:

- Job classifications in which all employees have occupational exposure.
- Job classifications in which some employees have occupational exposure.

Occupational exposure is defined as “reasonably anticipated skin, eye, mucous membrane, or parenteral (skin break) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.” Where only some employees of a job class are potentially exposed, the specific task or procedure must be identified, with specific procedures developed to minimize exposure.

While exposures in the health care setting are generally obvious, much of the confusion of the bloodborne pathogen standard lies in determining who should be covered. The “reasonably anticipated” clause of the exposure definition includes any employee who has occupational exposure to blood or other potentially infectious material.

Housekeeping and custodial staff activities should be evaluated on an individual basis. In health care or correctional settings, an evaluation should be made to determine how clinical, first aid, and behavior control issues are handled first, and then evaluate the likelihood of housekeeper or custodial contact with materials from such areas. The greater the control over potentially infectious materials and procedures within the clinical settings, the easier it will be to minimize the number of housekeeping and custodial employees that must be covered by the standard.

Routine custodial activities in non-clinical settings will generally not be considered covered by the standard. However, it is generally prudent to consider using standard personal protective equipment such as rubber gloves, and chemical protective goggles for restroom cleaning and trash pickup, depending on the environment. These procedures can be addressed through the hazard communication standard (29 CFR 1910.1200).

Maintenance personnel who do not work on equipment which has the potential of being contaminated with infectious material or raw sewage would not generally be covered. Non-clinical settings where minor cuts are common should be evaluated in terms of reducing such cuts instead of including these areas in the bloodborne pathogen control program.

Laundry workers in health care settings would generally be covered.

Food handling workers would generally not be covered, however, the rules and regulations of the Department of Public Health would apply.

Employees assigned to provide first aid will be covered if they have specific assignments to respond to first aid incidents, but would not be covered if such a response is strictly voluntary.

Note that any of these areas would be covered if exposures could reasonably be anticipated due to special tasks or assignments, even on a temporary basis.

Exposure Control Program Development

The central requirement for complying with the standard is the development of a Exposure Control Plan. The control plan must identify tasks and procedures where exposures are reasonably anticipated, identify individuals who will be affected, and specify how the requirements of the regulation will be met. Once occupational exposures have been identified, a compliance program must be implemented.